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CONFIRMATION NO. 8357

SERIAL NUMBER 10/701,547	FILING OR 371(c) DATE 11/05/2003 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 31132.163	
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** CONTINUING DATA ***** <i>Oh SS</i>					
** FOREIGN APPLICATIONS ***** <i>Oh SS</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/04/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature Initials		STATE OR COUNTRY TN	SHEETS DRAWING 5	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 7
ADDRESS 46333					
TITLE Compressible corpectomy device					
FILING FEE RECEIVED 1564	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		